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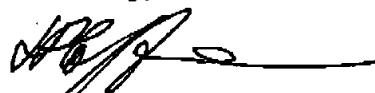
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## FACSIMILE

Total Pages (including cover): 27

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SINGAPORE			035800-0310090
STAMFORD	Comments:		
SYDNEY			
TOKYO			
WASHINGTON DC	<u>Re: U.S. Serial No. 10/091,360</u>		

Sincerely,



Hans-Peter G. Hoffmann  
Reg. No. 37,352  
Agent for Applicants  
Pillsbury Winthrop LLP  
Tel: 203-965-8271  
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# FEE TRANSMITTAL

## For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 215.00)

## Complete if Known

Application Number	10/091,360
Filing Date	March 4, 2002
First Named Inventor	Petros Tsipouras
Examiner Name	Lori A. Clow
Art Unit	1631
Attorney Docket No.	

## METHOD OF PAYMENT (check all that apply)

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## FEE CALCULATION

## 1. BASIC FILING FEE

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
Utility Filing Fee	790	395	_____
Design Filing Fee	350	175	_____
Plant Filing Fee	550	275	_____
Reissue Filing Fee	790	395	_____
Provisional Filing Fee	160	80	_____

Subtotal (1) \$ \_\_\_\_\_

## FEE CALCULATION (continued)

## 2. EXTRA CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20	18	9
Each independent claim over 3	88	44
Multiple dependent claims	300	150
For Reissues, each claim over 20 and more than in the original patent	18	9
For Reissues, each independent claim more than in the original patent	88	44

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=	_____

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	_____

Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
-	=	_____

Subtotal (2) \$ \_\_\_\_\_

## 3. OTHER FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
1-month extension of time	110	55	_____
2-month extension of time	430	215	215
3-month extension of time	980	490	_____
4-month extension of time	1,530	765	_____
5-month extension of time	2,080	1,040	_____
Information disclosure stat. fee	180	180	_____
37 CFR 1.17(q) processing fee	50	50	_____
Non-English specification	130	130	_____
Notice of Appeal	340	170	_____
Filing a brief in support of appeal	340	170	_____
Request for oral hearing	300	150	_____
Other:	_____	_____	_____

Subtotal (3) \$ 215.00

## SUBMITTED BY

Signature 	Registration No. (Attorney/Agent) 37,352	Telephone 203-965-8271
Name (Print/Type) Hans-Peter G. Hoffmann	Date 12/2/2004	

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